



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TEXAS HEALTH CARE PLLC
2821 LACKLAND RD STE 300
FORT WORTH TX 76115

Respondent Name

VALLEY FORGE INSURANCE CO

Carrier's Austin Representative Box

Box Number: 47

MFDR Tracking Number

M4-13-2736-01

MFDR Date Received

JUNE 24, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We received a denial dated 03/07/13 for the above mentioned patient and date of service from CNA Work Comp Insurance stating 'The time limit for filing has expired.' We submitted an appeal on 03/28/13 with a copy of the request from Coventry Workers' Comp Services received 01/29/13 by Texas Health Care, PLLC stating to file the a [sic] HCFA 1500 form to them for processing. We were unaware this was related to a work comp injury until we received the letter from Coventry Work Comp on 01/29/13. We filed the claim within 95 days of notification that this was related to a Work Comp Injury. We received another denial from CNA Work Comp on 04/10/13 stating the same thing; the time limit for filing has expired. We ask that you please review all documentation submitted that supports payment of this claim."

Amount in Dispute: \$6,548.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "In this matter the only bills that carrier received from Requestor were not received until 01/29/2013 which is more than 95 days. On this date, however, Carrier's URA forwarded a letter indicating Provider Send-Back, Unable to process bill. After receipt of another bill and medical records Coventry denied the bill citing Reason Code 29 (855-066) 'Time limit for filing has expired. Based on fee schedule guidelines, bills submitted after the 95th day after the date of service are disallowed. \$0.00'. Rule 133.20(b), provides that 'a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.' Accordingly, this bill was properly denied, the dispute should be dismissed and an allowance of zero additional payment due should be ordered. Carrier also disputes the Hospital assertion that it was unaware that this was a work comp injury until receipt of the Carrier URA denials from Coventry. Carrier claim notes indicate that it was in communication with the Hospital directly regarding the care provided prior to the disputed dates of service and for the disputed date of services."

Response Submitted by: Law Offices of Brian J. Judis, 700 N. Pearl, Ste 425, Dallas, TX 75201

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 7, 2012	CPT Codes 15738, 15100, 15101, 15002, 15003, 97605	\$6,548.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 1 – Date(s) of service exceed (95) day time period for submission per Rule 408.027 and Bulletin No. B 0037 95A.
 - * - We are unable to recommend an additional allowance since this claim was paid in accordance with the state's fee schedule guidelines, First Health Bill Review's usual and customary policies and/or was reviewed in accordance with the provider's contract with First Health.

Issues

1. Is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

- 1.
2. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied..." Texas Labor Code §408.0272(b) states, "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title." Review of the documentation submitted by the requestor finds that the requestor initially billed the injured employee, not the injured employee's private health insurance. Therefore, no convincing documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	October 17, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.